

11/17/2010 14:05 86555 739

HEALTH CARE FACILITY

PAGE 19/21

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/12/2010
FORM APPROVED
OMB NO. 0938-0391

45-12510

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 446235	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/08/2010
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed the fire drill.</p> <p>The findings include:</p> <p>On 11/8/10, at 9:45 a.m., observation during the fire drill revealed the staff member who responded to the fire drill alarm signal was not familiar with the fire drill procedures. National Fire Protection Association. (NFPA) 101, 19.7.2.3</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit interview on 11/8/10.</p>	K 050	<p>A comprehensive fire in-service for All employees will be accomplished by December 5. This will be done by the Maintenance Director</p> <p>The employee who was involved was given an individual in-service by the administrator and Maintenance Director.</p> <p>(Inservice attached.)</p> <p>The facility safety committee chairperson (Maintenance Director) will conduct fire drills every two weeks on each shift for two months; if compliance is met; fire drills will be done monthly, which is quarterly for each shift.</p> <p>Reports of fire drills and identified problems shall be reviewed by the safety committee which meets quarterly and consists of the Maintenance Director, Administrator, Restorative Supervisor, Director of Nursing or ADON, Environmental Services Director and Dietary Manager.</p>	12-05-2010 11-24-2010 12-05-2010 11-23-2010	
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

11/17/2010 14:05 86555 /39

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K 082	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on records review it was determined the facility failed to maintain the sprinkler system as required.</p> <p>The findings include:</p> <p>On 11/8/10, at 1:30 p.m., records review revealed the sprinkler system was last inspected and serviced by a state certified sprinkler company on February 9th of 2009. National Fire Protection Association (NFPA) 25, 5.2.1.1</p> <p>This finding was verified by the Maintenance Director and verified by the Administrator during the exit interview on 11/8/10.</p>	K 082	<p>The sprinkler contractor changed managers and did not come when due. A service technician came immediately and inspected the system (documentation attached)</p> <p>To assure future compliance the Maintenance Director will continue to document the date on a calendar and will contact the sprinkler contractor two weeks prior to the due date. (Prior to this, the sprinkler contractor contacted the facility) The safety committee, consisting of the Maintenance Director, Administrator, Restorative Supervisor, Director of Nursing or ADON, Environmental Services Director and Dietary Manager will add the inspection to master list of building equipment maintenance and inspection checklist. This will be reviewed at each safety committee meeting.</p>	11-09-2010	